

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6007330</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>02/19/2016</b>
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NAME OF PROVIDER OR SUPPLIER  <b>TIMBERCREEK REHAB &amp; HEALTHCARE CENT</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2220 STATE STREET PEKIN, IL 61554</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	Initial Comments  Original complaint investigation  1620893/IL83458	S 000		
S9999	Final Observations  Statement of Licensure Violations  300.1210b) 300.1210d)1) 300.1210d)2) 300.1620a) 300.3220f) 300.3240a)  Section 300.1210 General Requirements for Nursing and Personal Care b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis: 1) Medications, including oral, rectal, hypodermic, intravenous and intramuscular, shall be properly administered.  2) All treatments and procedures shall be administered as ordered by the physician.	S9999		

**Attachment A**  
**Statement of Licensure Violations**

Illinois Department of Public Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

03/10/16

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**TIMBERCREEK REHAB & HEALTHCARE CENT**

**2220 STATE STREET  
PEKIN, IL 61554**

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S9999	<p>Continued From page 1</p> <p>Section 300.1620 Compliance with Licensed Prescriber's Orders</p> <p>a) All medications shall be given only upon the written, facsimile or electronic order of a licensed prescriber. The facsimile or electronic order of a licensed prescriber shall be authenticated by the licensed prescriber within 10 calendar days, in accordance with Section 300.1810. All such orders shall have the handwritten signature (or unique identifier) of the licensed prescriber. (Rubber stamp signatures are not acceptable.) These medications shall be administered as ordered-by the licensed prescriber and at the designated time.</p> <p>Section 300.3220 Medical Care</p> <p>f) All medical treatment and procedures shall be administered as ordered by a physician. All new physician orders shall be reviewed by the facility's director of nursing or charge nurse designee within 24 hours after such orders have been issued to assure facility compliance with such orders. (Section 2-104(b) of the Act)</p> <p>Section 300.3240 Abuse and Neglect</p> <p>a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act)</p> <p>These Requirements are not met as evidenced by:</p> <p>Based on interview and record review the facility failed to administer intravenous narcotic pain medicine in accordance with physician orders for one of three residents (R6) reviewed for medication administration in a sample of 22. This failure resulted in R6 to become unresponsive</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>and need to be sent to the Emergency Room to receive a narcotic reversal agent. R6 was then further hospitalized.</p> <p>Findings include:</p> <p>R6's most current Minimum Data Set (MDS) indicates R6 to be without any mental deficits or cognitive impairments.</p> <p>R6's Prescription Ordering Sheet from the local area hospital, dated 2/4/16 states, "Hydromorphone (Dilaudid) 2 milligram(mg)/milliliter solution. Administration Instructions: 0.25 ml by intravenous route daily as needed for pain (pain around dressing changes.)"</p> <p>R6's Physician Order Sheet, dated 2/4/16, states, "Hydromorphone 2 mg/ml. 0.25 ml by IV (intravenous) route PRN (as needed) for wound vacuum dressing changes."</p> <p>R6's PRN Medication Information Sheet indicates on 2/6/16 at 6:00 P.M., R6 received a dose of IV Hydromorphone prior to the wound vac (vacuum) change.</p> <p>R6's Nurse's Notes on 2/6/16 at 10:30 P.M. state, "Resident was unarousable...EMT (Emergency Medical Technician) notified and patient transferred to (local area hospital) for eval (evaluation) and treatment...EMT's arrived, patient was alert with confusion at that time with respirations between 7-8 per minute.</p> <p>R6's Nurse's Notes on 2/7/16 at 9:00 A.M. state, "Call placed to (local area hospital). Resident (R6) admitted to the intermediate unit for altered mental status. Narcan (narcotic reversal agent)</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>was administered. (R6) alert and oriented at this time per (local area hospital) RN (Registered Nurse.)"</p> <p>On 2/19/16 at 1:30 P.M., E13 (Registered Nurse) stated, "(R6) had asked for pain medicine. I misread (the order) and instead of 0.25 ml (0.5 mg), I thought it was 2 mg, so (R6) received the full IV dose of the medicine."</p> <p>A Final Investigation Report sent to the local state agency documents on 2/6/16 (R6) received an incorrect medication dosage...(R6) was admitted for altered level of consciousness. E13 stated (E13) was confused about the order and inadvertently made the error.</p> <p>Local area hospital discharge summary states (R6) recently readmitted for acute metabolic encephalopathy due to accidental overdose with Dilaudid at her SNF (Skilled Nursing Facility)..."</p> <p>(B)</p>	S9999			